

# Application for New Permit

		For Health Department Use Only	
Name of Facility		Facility ID Number	
Physical Address		Environmental Code	
City	State	Zip	
Mailing Address (if different from physical address)	Facility Phone Number		PH Priority
City	State	Zip	
Facility Manager Name			
Owner is (check[✓] one): <input type="checkbox"/> Association <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____			
Owner Name			
Address		Phone Number	
Corporate Supervisor (if applicable)			
Address		Phone Number	

I have received a copy of the Mississippi State Department of Health \_\_\_\_\_ and am familiar with all applicable sections. I have complied with all requirements of this regulation. As owner/manager of the above facility, I hereby request the Mississippi State Department of Health to make an inspection and to issue a permit to operate the facility/business named above and agree that upon proper identification a

representative of the State Department of Health may enter upon these premises and into this facility/business for the purpose of making official inspections and/or collecting samples if applicable at any time this facility/business is open for business. It is further understood that, should a permit be issued, it may be suspended or revoked at any time for just cause, as determined by the regulatory authority.

Applicant Name	
Address	Phone Number

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Application Approved Date _____	Signature _____
Facility is (check [✓] one): <input type="checkbox"/> New <input type="checkbox"/> Remodel <input type="checkbox"/> Conversion <input type="checkbox"/> Transitional	
Plan Review Approved Date _____	Signature _____

White Copy = Environmentalist  
Canary Copy = Central Office  
Pink Copy = Facility

